Magnetic Resonance Imaging (MRI) Services Workgroup 2006 Discussion Items – Working Document

1. Review Section 13(2)(e) – consider whether or not a rural multiplier should	be allowed for expansion. Note: Consideration from 1/31/06 Public Hearing.
Current Standards:	Possible Solutions:
Sec. 13. (2) The Department shall apply not more than one of the adjustment	
factors set forth in this subsection, as applicable, to the number of MRI	
procedures adjusted in accordance with the applicable provisions of	
subsection (1) that are performed by an existing MRI service or unit.	
(a) For a site located in a rural or micropolitan statistical area county, or	
for the November 1, 2005 MRI Service Utilization List, a county designated as	
"rural" as that term was defined under the "standards for defining metropolitan	
areas in the 1990s" by the statistical policy office of the office of information	
and regulatory affairs of the United States office of management and budget,	
55 F.R. p 12154 (March 30, 1990), the number of MRI adjusted procedures	
shall be multiplied by a factor of 1.4.	
(b) For a mobile MRI unit that serves hospitals and other host sites	
located in rural, micropolitan statistical area, and metropolitan statistical area	
counties, the number of MRI adjusted procedures for a site located in a rural or	
micropolitan statistical area county, or for the November 1, 2005 MRI Service	
Utilization List, a county designated as "rural" as that term was defined under	
the "standards for defining metropolitan areas in the 1990s" by the statistical	
policy office of the office of information and regulatory affairs of the United	
States office of management and budget, 55 F.R. p 12154 (March 30, 1990),	
shall be multiplied by a factor of 1.4 and for a site located in a metropolitan	
statistical area county, the number of MRI adjusted procedures shall be	
multiplied by a factor of 1.0.	
(c) For a mobile MRI unit that serves only sites located in rural or	
micropolitan statistical area counties, or for the November 1, 2005 MRI Service	
Utilization List, a county designated as "rural" as that term was defined under	
the "standards for defining metropolitan areas in the 1990s" by the statistical	
policy office of the office of information and regulatory affairs of the United	
States office of management and budget, 55 F.R. p 12154 (March 30, 1990),	
the number of MRI adjusted procedures shall be multiplied by a factor of 2.0.	
(d) For a mobile MRI unit that serves only sites located in a health	
service area with one or fewer fixed MRI units and one or fewer mobile MRI	
units, the number of MRI adjusted procedures shall be multiplied by a factor of	
3.5.	
(e) Subsection (2) shall not apply to an application proposing a	
subsequent fixed MRI unit (second, third, etc.) at the same site.	

 Consider partial use of a clinical MRI for research and consider weights for Public Hearing. 	partial use of a clinical MRI visit for research. Note: Consideration from 1/31/06
Current Standards:	Possible Solutions:
Sec. 13. (1) The Department shall apply the following formula, as applicable,	
to determine the number of MRI adjusted procedures that are performed by an	
existing MRI service or unit:	
(a) The base value for each MRI procedure is 1.0.	
(b) For each MRI visit involving a pediatric patient, 0.25 shall be added	
to the base value.	
(c) For each MRI visit involving an inpatient, 0.50 shall be added to the	
base value.	
(d) For each MRI procedure performed on a sedated patient, 0.75 shall	
be added to the base value.	
(e) For each contrast MRI procedure performed after use of a contrast	
agent, and not involving a procedure before use of a contrast agent, 0.35 shall	
be added to the base value.	
(f) For each contrast MRI procedure involving a procedure before and	
after use of a contrast agent, 1.0 shall be added to the base value.	
(g) For each MRI procedure performed at a teaching facility, 0.15 shall	
be added to the base value.	
(h) The results of subsections (a) through (g) shall be summed, and that	
sum shall represent an MRI adjusted procedure.	
Note: The current standards allow for research scans to be done on a clinical	
MRI unit and for those scans to be counted.	
3. Consider definition and weight for special needs patients. Note: Considera	tion from 1/31/06 Public Hearing.
Current Standards:	Possible Solutions:
No applicable section.	
Note: Potential sections to be modified include Section 2 (new definition) and	
Section 13(1) (new weight).	
4. Review definition for relocation zone. Note: Consideration from 1/31/06 Pu	· · · · · · · · · · · · · · · · · · ·
Current Standards:	Possible Solutions:
One O (4)(and) Dalamatian and (and (a	
Sec. 2 (1)(mm) "Relocation zone," for purposes of these standards, means	
the geographic area that is within a 5-mile radius of the existing site of the MRI	
service or unit to be relocated if the existing MRI service or unit is not located	
in a rural or micropolitan statistical area county and a 10-mile radius if the	
existing MRI service or unit is located in a rural or micropolitan statistical area	
county.	

5. Consider clarifying language regarding relocation of an MRI unit vs. service	
Current Standards:	Possible Solutions:
Sec. 2. (1)(II) "Relocate an existing MRI service/unit(s)" means a change in the location of an existing MRI service/unit(s) from the existing site to a different site within the relocation zone.	
Section 7. Requirements for approval of an applicant proposing to relocate an existing MRI service/unit(s)	
Sec 7. An applicant proposing to relocate an existing MRI service/unit(s) shall demonstrate that the proposed project meets all of the following:	
(1) The service/unit(s) to be relocated is a fixed MRI unit.	
(2) The MRI service/unit(s) to be relocated has been in operation for at least 36 months as of the date an application is submitted to the Department.	
(3) The proposed new site of the existing MRI service/unit(s) to be relocated is in the relocation zone.	
(4) The proposed project will not result in the replacement of the MRI unit(s) to be relocated unless the applicant demonstrates that the requirements of Section 5, as applicable, also have been met.	
(5) The proposed project will not result in an increase of the number of MRI units operated by the MRI service.	
(6) Each MRI unit to be relocated performed at least the applicable minimum number of MRI adjusted procedures set forth in Section 12(1)(d)(i) of these standards based on the most recent 12-month period for which the Department has verifiable data.	
(7) The applicant agrees to operate the MRI service or unit(s) in accordance with all applicable project delivery requirements set forth in Section 12 of these standards.	
(8) An applicant that meets all of the following requirements shall be exempt from subsection (3):(a) The licensed hospital site to which the MRI service is to be relocated	

and the MRI service at the site from which the MRI service is to be relocated	
are owned by the same person as defined in Section 1106 of this public act or	
the same governmental entity.	
(b) The licensed hospital site to which the MRI service is to be relocated	
is located within the planning area.	
(c) As evidenced in the governing body resolution required in (e), the	
MRI service to be relocated shall cease at its current location within 24 months	
after the date the application receives a final decision of approval from the	
Department or upon the date the service becomes operational at the relocation	
site, whichever occurs first.	
(d) The MRI service shall be relocated and shall be operational within	
24 months after the date the application receives a final decision of approval	
from the Department or the CON to relocate the MRI service shall expire.	
(e) The CON application includes a resolution of the applicant's	
governing body that commits to the provisions of (c) and (d).	
(f) The relocation of the MRI service shall not result in the licensed	
hospital site having more than one fixed MRI unit.	
6. Review definition for teaching facility. Note: Consideration from 1/31/06 Pu	ıblic Hearing.
Current Standards:	Possible Solutions:
Sec. 2. (1)(ss) "Teaching facility," for purposes of these standards, means a	
licensed hospital site, or other location, that provides either fixed or mobile MRI	
services and at which residents or fellows of a training program in diagnostic	
radiology, that is approved by the Accreditation Council on Graduate Medical	
Education or American Osteopathic Association, are assigned.	/04/00 P. Li's Headan
7. Review definition for upgrade an existing MRI. Note: Consideration from 1	•
Current Standards:	Possible Solutions:
Con 2 (4)(uu) "Ungrade on existing MDI unit" means only equipment change	
Sec. 2. (1)(uu) "Upgrade an existing MRI unit" means any equipment change	
that	
(i) does not involve a change in or replacement of the magnet: does not	
(i) does not involve a change in, or replacement of, the magnet; does not result in an increase in the number of MRI units; or does not result in a change	
result in an increase in the number of MRI units; or does not result in a change	
result in an increase in the number of MRI units; or does not result in a change in the type of MRI unit (e.g., changing a mobile MRI unit to a fixed MRI unit);	
result in an increase in the number of MRI units; or does not result in a change in the type of MRI unit (e.g., changing a mobile MRI unit to a fixed MRI unit); and	
result in an increase in the number of MRI units; or does not result in a change in the type of MRI unit (e.g., changing a mobile MRI unit to a fixed MRI unit);	

olic

from the application site;	
(C) the applicant is a nonprofit licensed hospital site;	
(D) the applicant certifies in its CON application, by providing a	
governing body resolution, that the board of trustees of the facility has	
performed a due diligence investigation and has determined that the fixed MRI	
service will be economically viable to ensure provision of safe and appropriate	
patient access within the community hospital setting.	
10. Consider American Registry of Magnetic Resonance Imaging Technologists	(ARMRIT) as an official certifying body of MRI technology the same as
American Registry of Radiologic Technicians (ARRT) - Section 12. Note: (
Current Standards:	Possible Solutions:
Sec. 12. (1)(c)(vii)(C) An MRI technologist who is registered by the American	
Registry of Radiologic Technicians and has, or will have within 36 months of	
the effective date of these standards or the date a technologist is employed by	
an MRI service, whichever is later, special certification in MRI. If a	
technologist does not have special certification in MRI within either of the 3-	
year periods of time, all continuing education requirements shall be in the area	
of MRI services.	
 Consider modification of Section 5 - adjusted procedures to be averaged for 	existing & operational MRI units vs. existing MRI units. Note: Consideration
from 1/31/06 Public Hearing.	
Current Standards:	Possible Solutions:
Section 5. Requirements for approval of an applicant proposing to	
replace an existing MRI unit	
One F. Annual Continuous Continuous Continuous College MDL City Lall	
Sec. 5. An applicant proposing to replace an existing MRI unit shall	
demonstrate that the proposed project meets each of the following	
requirements:	
(4) Mishing the property and the second of t	
(1) Within the most recent 12-month period for which data, verifiable by	
the Department, are available, at least the applicable minimum number of MRI	
adjusted procedures set forth in subdivision (a), (b), or (c) has been performed.	
In meeting this requirement, an applicant shall not include any procedures	
conducted by an MRI unit approved pursuant to Section 9(1).	
(a) Each mobile MRI unit to be replaced has performed in excess of an	
average of 5,500 MRI adjusted procedures per MRI unit.	
(b) Each fixed MRI unit to be replaced has performed in excess of an	
average of 6,000 MRI adjusted procedures per MRI unit.	
(c) The dedicated pediatric MRI unit to be replaced has performed in	
excess of 3,500 MRI adjusted procedures per MRI unit.	
(2) An applicant proposing to replace an MRI unit that does not involve	

a renewal of a lease shall demonstrate that the MRI unit to be replaced is fully depreciated according to generally accepted accounting principles; the existing equipment clearly poses a threat to the safety of the public; or the proposed	
replacement equipment offers a significant technological improvement which enhances quality of care, increases efficiency, and reduces operating costs.	
(3) Equipment that is replaced shall be removed from service and disposed of or rendered considerably inoperable on or before the date that the replacement equipment becomes operational.	
(4) An applicant proposing to replace a mobile MRI unit must provide a copy of the existing or revised contracts between the central service coordinator and each host site(s) that includes the same stipulations as specified in Section 6(2).	
12. Consideration of expansion requirements for dedicated pediatric MRI. Note	Consideration from CON Program Section.
Current Standards:	Possible Solutions:
Section 4. Requirements for approval of an application proposing to expand an existing MRI service	
Sec. 4. (1) An applicant proposing to expand a fixed MRI service shall demonstrate that its existing fixed MRI units (excluding MRI units approved pursuant to Section 10) have performed at least an average of 11,000 adjusted procedures for each fixed unit based on the application of the methodology in Section 13 and as documented in accordance with Section 14 of these standards.	
(2) An applicant proposing to expand a mobile MRI service shall demonstrate that 4,000 available MRI adjusted procedures, from within the same planning area as the proposed service/unit, per proposed additional unit result from application of the methodology in Section 15 of these standards.	
(3) An applicant proposing to expand a mobile MRI service must provide a copy of the existing or revised contracts between the central service coordinator and each host site(s) that includes the same stipulations as specified in Section 6(2).	

13. Consider clarifying language regarding signed commitment forms and correction of the computer file data. Note: Consideration from CON Program Section.	
Current Standards:	Possible Solutions:
Sec. 16. (2)(b) An applicant also shall submit, at the time the application is filed with the Department, a computer file that lists, for each MRI service from which data are being committed to the same application, the name and license number of each doctor for whom a signed data commitment form is submitted. (i) The computer file shall be provided to the Department on mutually agreed upon media and in a format prescribed by the Department. (ii) If the doctor commitments submitted on the departmental forms do not agree with the data on the computer file, the applicant shall be allowed to correct only the computer file data.	
14. Allow for a fixed MRI in rural counties when cost savings can be clearly dem	
Current Standards:	Possible Solutions:
Sec. 3. (4) An applicant that meets all of the following requirements shall not be required to be in compliance with subsection (1): (a) The applicant is proposing to initiate a fixed MRI service. (b) The applicant is currently a host site being served by one or more mobile MRI units. (c) The applicant has received, in aggregate, the following: (i) at least 6,000 MRI adjusted procedures within the most recent 12-month period for which data, verifiable by the Department, are available or (ii) at least 4,000 MRI adjusted procedures within the most recent 12-month period for which data, verifiable by the Department, are available, and the applicant meets all of the following: (A) is located in a county that has no fixed MRI machines that are pending, approved by the Department, or operational at the time the application is deemed submitted; (B) the nearest fixed MRI machine is located more than 15 radius miles from the application site; (C) the applicant is a nonprofit licensed hospital site; (D) the applicant certifies in its CON application, by providing a governing body resolution, that the board of trustees of the facility has performed a due diligence investigation and has determined that the fixed MRI service will be economically viable to ensure provision of safe and appropriate patient access within the community hospital setting.	